

ISD/Health Division  
1 Franey Road  
Somerville, MA 02145  
617-625-6600 ext. 4330

License #:

DATE : \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT APPLICATION**  
(please fill out both sides)

- 1) Establishment Name: \_\_\_\_\_  
2) Establishment Address: \_\_\_\_\_  
3) Establishment Mailing Address (if different): \_\_\_\_\_  
4) Establishment Telephone Number: \_\_\_\_\_  
5) Applicant Name & Title: \_\_\_\_\_  
6) Applicant Address: \_\_\_\_\_  
7) Applicant Telephone Number: \_\_\_\_\_ 24 Hour Emergency Number: \_\_\_\_\_  
8) Owner Name & Title (if different from applicant): \_\_\_\_\_  
9) Owner Address (if different from applicant): \_\_\_\_\_

10) Establishment Owned by:  <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table><thead><tr><th>Name</th><th>Title</th><th>Home Address</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	Home Address														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

12) Establishment Type (check all that apply)			
___ Retail Food:...0 - 1000 sq. ft.	\$220	___ Food Service:...0 - 25 seats	\$220
___ .....1000 - 7500 sq. ft.	\$330	___ .....26 - 200 seats	\$330
___ .....> 7500 sq. ft.	\$550	___ .....> 200 seats	\$550
___ Milk	\$ 10	___ Food Service - Take Out	
___ Ice Cream	\$ 25	___ Food Service - Institution	
___ Frozen Desert Manufacturing	\$ 25	(      Meals/Day)	
___ Residential Kitchen for Retail Sale	\$220	___ Food Delivery	
___ Residential Kitchen for Bed & Breakfast Home	\$330	___ Caterer	\$330
___ Residential Kitchen for Bed & Breakfast Establishments	\$330	___ Mobile Food	\$220
___ New Business Application Fee	\$330	___ Vehicle Registration # _____	
		___ Location of Tobacco Sales	\$150
		___ Late Fee	\$100
TOTAL AMOUNT DUE			\$ _____

**MAKE CHECK PAYABLE TO HEALTH DEPARTMENT**  
**PAYMENT DUE WITH APPLICATION — NO CASH CAN BE ACCEPTED.**

- 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)  
Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Emergency Number: \_\_\_\_\_  
14) District or Regional Supervisor (if applicable):  
Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**15) Name of Person in Charge Certified in Food Protection Management:** \_\_\_\_\_  
*Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) (Please attach copy of certificate)*

## Food Establishment Information

- 16) **Water Source:** \_\_\_\_\_ 17) **Sewage Disposal:** \_\_\_\_\_  
DEP Public Water Supply No: (if applicable) \_\_\_\_\_  
18) **Days and Hours of Operation:** \_\_\_\_\_ 19) **No. of Food Employees:** \_\_\_\_\_  
20) **Person Trained in Anti-Choking Procedures** (if 25 seats or more): ☐ Yes ☐ No  
21) **Location** (check one): ☐ Permanent Structure ☐ Mobile  
22) **Length of Permit** (check one): ☐ Annual ☐ Seasonal Dates: \_\_\_\_\_ ☐ Temporary/Dates/Time: \_\_\_\_\_

<b>23) Food Operations:</b> (Check all that apply):	Definitions: PHF – Potentially hazardous food (time/temperature controls required) Non-PHF – non potentially hazardous food (no time/temperature controls required) RTE: - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service Within 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<b>To be completed by the Board of Health</b>  <b>Total Permit Fee:</b> _____ <b>Payment is due with application</b>
	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	

- 24) **Retailer's License for Sale of Cigarettes:** Department of Revenue License Number \_\_\_\_\_  
Issue Date \_\_\_\_\_
- 25) **Restaurant/Food Service:** Total # of Seats \_\_\_\_\_ Non-Smoking Seats (100%) \_\_\_\_\_
- 26) **Mobile Food Units/Pushcart:** Application for mobile food units or pushcarts must include a list of handwash and toilet facilities available on each route . Attach a separate sheet.
- 27) **Extermination – Frequency of Service** (check one): ☐ Weekly ☐ Bi-Monthly ☐ Monthly  
Contractor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_
- 28) **Rubbish/Garbage Collection – Frequency of Service** (check one): ☐ Daily ☐ Bi-Weekly ☐ Weekly ☐ Bi Monthly ☐ Monthly  
Private Collection: Contractor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_
- 29) **Dumpster on Location** (check one): ☐ Yes ☐ No  
Dumpster lid must be closed at all times – locked if necessary. Dumpster/Storage area to be kept clean at all times.
- 30) **Trash Barrels Required if Private Off-Street Parking Provided:** # of Barrels \_\_\_\_\_  
Barrels must be emptied at least once a day or more often if necessary.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

31) **Signature of Applicant:** \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

32) **Social Security Number or Federal ID:** \_\_\_\_\_

33) **Signature of Individual or Corporate Name:** \_\_\_\_\_